TWELL THE (O) TEWILOUIT TWE Complete and send this form, together w pplicable fee(s); to: Mail Mail Stop ISS Commissioner Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. An further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless conditions or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 33402 7590 07/21/2005 LAW OFFICES OF MARK C. PICKERING Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. BOX 300 PETALUMA, CA 94953 10/25/2005 HGUTEMA2 00000063 10635363 (Depositor's name) Robin L. King (Signature) 1400.00 OP 01 FC:1501 02 FC:8001 30.00 OP 2005 October 20, (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 8885 Alin Theodor Iacob 100-22101 08/06/2003 10/635,363 TITLE OF INVENTION: WAFER WITH SAW STREET GUIDE **PUBLICATION FEE** TOTAL FEE(S) DUE **DATE DUE ISSUE FEE** APPLN. TYPE **SMALL ENTITY** \$1400 10/21/2005 \$1400 \$0 NO nonprovisional **ART UNIT** CLASS-SUBCLASS **EXAMINER** 257-620000 2826 TRAN, TAN N 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list 1 Mark C. Pickering CFR 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE NATIONAL SEMICONDUCTOR CORPORATION SANTA CLARA, CALIFORNIA Individual Corporation or other private group entity Government Please check the appropriate assignce category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. XX Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_\_ (enclose an extra copy of this form). Advance Order - # of Copies \_\_\_\_\_ 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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OCT 24 2005

		Application Number		10/635,363						
TRANSMITTAL FORM			Date	August 6, 2003						
			lamed Inventor	Alin Theodor Iacob						
(to be used for all correspondence after initial filing)		Group Art Unit		2826						
			ner Name	Tan N. Tran						
Total Number of Pages in This Submission 6			ey Docket Number	100-22101 (P05626-F1)						
ENCLOSURES (check all that apply)										
Fee Transmittal Form (in duplicate)	. —	ment Pap Application		After Allowance Communication to Group						
Eee Attached (check for \$1430)	☐ Drawin	g(s)		Appeal Communication to Board of Appeals and Interferences						
Amendment/Response	Licensi	ng-relate	d Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)						
After Final (Response)		_	Slip (PTO/SB/69) ring Petition	Proprietary Information						
Affidavits/declaration(s)	, —	n to Conv onal App		Status Inquiry						
Extension of Time Request			ey, Revocation espondence Address	Other Enclosure(s) (please identify below):						
Express Abandonment Request		al Disclai		Return Receipt Postcard Certificate of Mailing						
Information Disclosure Statement		ımber of (		Issue Fee Transmittal PTOL-85 (copy)						
Certified Copy of Priority Document(s) Remark			Please charge any necessary fees or credit overpayment to Deposit Account No. 502305. A duplicate copy of this transmittal is attached for this purpose.							
Response to Missing Parts/ Incomplete Application				·						
Response to Missing Parts under 37 CFR 1.52 or 1.53										
SIGNA	TURE OF A	APPLICA	ANT, ATTORNEY, C	OR AGENT						
Firm or Mark C. Pickering, Reg. No. 36,239 Individual name										
Signature WWC. Fill										
Date October 20, 2005										
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' FEE TRANSMITTAL		Complete if Known						
For FY 2005	Appl	Application Number 10/635,363						
A Patent Fees are subject to annual revision.	Filin	Filing Date			August 6, 2003			
<b>&amp;</b> ;		Named I	Inventor		Alin Theodor Iacob			
OCT 24 2005		Examiner Name		···	Tan N. Tran			
		p Art Un		<del></del>	2826			
TOTAL AMOUNT OF PAYMENT \$1430	<del></del>	Attorney Document No. 100-22101 (P05626-F1)						
METHOD OF PAYMENT (check one)					CALCULATION (continued)			
1.   The Commissioner is hereby authorized to charge any fees or credit	3. A	dditiona		FEE C	ALCULATION (continued)			
any overpayment under 37 CFR 1.16 and 1.17 which may be required	Large E			all Entity				
by this paper to Deposit Account No. 502305  LAW OFFICES OF MARK C. PICKERING	Fee Code	Fee						
LAW OFFICES OF WARK C. I ICREMING								
☐ Applicant claims small entity status. See 37 CFR 1.27.	1051	130	2051	65	Surcharge - late filing fee or oath			
2.   Payment Enclosed:  Check	1052	50	2052	25	Surcharge - late provisional filing fee or			
	1053	130	1053	120	cover sheet Non-English specification			
FEE CALCULATION			1053	130	Non-English specification			
1. FILING FEE/SEARCH FEE/EXAMINATION FEE	1812	2520	1812	2520	For filing a request for ex parte reexamination			
LARGE ENTITY SMALL ENTITY	1804	920	1804	920	Requesting publication of SIR prior to Examiner action			
Fee Code Fee Fee Fee Paid (\$) (\$) Description	1805	1840	1805	1840				
1011/1111/1311 1000 2011/2111/2311 500 Utility	1251	120	2251	60	Extension for reply within first month			
1012/1112/1312 430 2012/2112/2312 215 Design	1252	450	2252	225	Extension for reply within second month			
1013/1113/1313 660 2013/2113/2313 330 Plant 1014/1114/1314 1400 2014/2114/2314 700 Reissue	1253 1254	1020 1590	2253 2254	510 795				
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from	i	500	2402	250				
Extra Fee from Claims below Fee Paid	1403	1000	2403	500	Request for oral hearing			
Total Claims $*-20 ** = 0$ $x = 50$	1451	1510	1451	1510				
Independent $*-3 = 0$ $x = 200$ $x = 30$	1452	500	2452	250				
Multiple Dep. * = \$0  ** or number previously paid if greater: for Reissues, see below:	1453	1500	2453 2501	750				
** or number previously paid, if greater; for Reissues, see below:	1501	1400	2501 2502	700				
Large Entity Small Entity	1502	800	2502	400	Design issue fee			
Fee Fee Code Fee (\$) Fee Description Code (\$)	1503	1100	2503	550	Plant issue fee			
1202 50 2202 25 Claim in excess of 20	1460	130	1460	130	Petitions to the Commissioner			
1201 200 2201 100 Independent claims in excess of 3	1807	50	1807	50				
1203 360 2203 180 Multiple dependent claim, if not paid	1806	180	1806	180	8			
1204 200 2204 100 ** Reissue ind. claims over original	8021	40	8021	40	3 1 9 1			
patent 1205 50 2205 25 ** Reissue claims in excess of 20 and over original patent	1809	790	2809	395	property (times number of properties)  5 Filing a submission after final rejection (37 CFR 1.129(a))			
	1810	790	2810	395	5 For each additional invention be examined			
	1801	790	2801	395	(37 CFR 1.129(b)  5 Request for Continued Examination (RCE)			
	1802	900	1802	900				
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	*Reduce	ed by Bas	ic Filing I	Fee Paid	i SUBTOTAL (3) \$1400			
SUBMITTED BY								
Law Offices of Mark C. Pickering P.O. Box 300		10	7	<b>^</b> -	05			
P.O. Box 300 Petaluma, CA 94953-0300	Date: _	10	<u>o</u> ,	<u>~</u>				
Telephone: (707) 762-5583	V/1.1/1 ().1							
Facsimile: (707) 762-5504	By: Mull C. Pal							
Customer No. 33402		Mark C. I	Pickering	2. Reg. 1	No. 36,239			

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